

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

COVER PAGE

2011 APR -4 PM 3:37

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
QUINTERO ANDRE

1. Office, Agency, or Court

Agency Name

CITY OF EL MONTE

Division, Board, Department, District, if applicable

EL MONTE CITY COUNCIL

Your Position

MAYOR

► If filing for multiple positions, list below or on an attachment.

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Multi-County _____

☒ City of EL MONTE

☐ Judge (Statewide Jurisdiction)

☒ County of LOS ANGELES

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is ____/____/____, through December 31, 2010.

☐ Assuming Office: Date ____/____/____

☐ Leaving Office: Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule B - Real Property - schedule attached

► Total number of pages including this cover page: _____

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that I

Date Signed

3/29/11
(month, day, year)

Signature

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name ANDRE QUINTERO

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

GORDON, EDELSTEIN, KREPACK, GRANT ET AL.

ADDRESS (Business Address Acceptable)

3580 WILSHIRE BLVD, STE #1800, LA, CA 90010

BUSINESS ACTIVITY, IF ANY, OF SOURCE

WORKERS' COMP LAW FIRM

YOUR BUSINESS POSITION

REFERRAL ATTORNEY

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

☒ Commission or ☐ Rental Income, list each source of \$10,000 or more

REFERRAL FEE

☐ Other _____
(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

- ☐ None ☐ Personal residence

☐ Real Property _____
Street address

_____ City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name ANDRE QUINTERO
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► NAME OF SOURCE
IBEW-NECA LABOR COOPERATION COMMITTEE
 ADDRESS (Business Address Acceptable)
297 N. MARENGO AVE, PASADENA, CA 91101
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
UNION

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 06 / 10	\$ 180.00	3 TICKETS/UCLA FB
/ /	\$	
/ /	\$	

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____